

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2016 JUL 25 AM 10:18

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

ADDRESS (number and street)

PO BOX 721

☐ Check if different than previously reported. (ACC)

BEECH GROVE

IN 46107

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00522474

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☒ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov. 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the State of

MM / DD / YYYY

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the State of

MM / DD / YYYY

5. Covering Period

04 / 01 / 2016

through

06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JD MINIEAR

Signature of Treasurer

J D Miniear

Date

07 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Report Covering the Period:

From:

09 01 2016

To:

06 30 2016

COLUMN A  
This Period

COLUMN B  
Calendar Year-to-Date

6. (a) Cash on Hand  
January 1,

2916

(129)

(b) Cash on Hand at  
Beginning of Reporting Period.....

74

(c) Total Receipts (from Line 19) .....

17090

21700

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B) .....

17074

21571

7. Total Disbursements (from Line 31) .....

10217

14714

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)) .....

6857

6857

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

1732567



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**INDIANA REPUBLICAN ASSEMBLY SUPER PAC**

Report Covering the Period:

From:

**04 / 01 / 2016**

To:

**06 / 30 / 2016**

## **I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

**11. Contributions (other than loans) From:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

**12. Transfers From Affiliated/Other Party Committees.....**

**13. All Loans Received.....**

**14. Loan Repayments Received.....**

**15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....**

**16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....**

**17. Other Federal Receipts (Dividends, Interest, etc.).....**

**18. Transfers from Non-Federal and Levin Funds**

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

**19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶**

**20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶**

**17000**

**17000**

**17000**

**17000**

**21700**

**21700**

**21700**

**21700**

2016-07-25 PM 00:06:12009

10

2016-07-25-000091207

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-**  
**penditures**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....▶
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....▶

17000
17000
10217
10217

21700
21700
14714
14714

2016-07-25 PM 00:00:12000

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. **GO DADDY**  
 Mailing Address: **14455 N. HAYDEN ROAD**  
 City: **SCOTTSDALE** State: **AZ** Zip Code: **85260**  
 Purpose of Disbursement: **WEBSITE**  
 Candidate Name: \_\_\_\_\_  
 Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ☐  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period: **9.99**

B. **FEDEX**  
 Mailing Address: **5030 W PIKE PLAZA ROAD**  
 City: **INDIANAPOLIS** State: **IN** Zip Code: **46254**  
 Purpose of Disbursement: **FLYERS**  
 Candidate Name: \_\_\_\_\_  
 Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ☐  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period: **869**

C. **MENDYS**  
 Mailing Address: **5699 GEORGETOWN ROAD**  
 City: **INDIANAPOLIS** State: **IN** Zip Code: **46254**  
 Purpose of Disbursement: **MEALS**  
 Candidate Name: \_\_\_\_\_  
 Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ☐  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period: **1524**

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**3392**

2016-07-25 PM 00:00:10

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**INDIANA REPUBLICAN ASSEMBLY SUPER PAC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

**PARK INDY**

**06 08 2016**

Mailing Address

**200 E WASHINGTON**

City

**INDIANA POLIS**

State

**IN**

Zip Code

**46204**

Purpose of Disbursement

**PARKING FEES**

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**225**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

**MEDIA FIRE**

**06 13 2016**

Mailing Address

**19241 DAVID MEMORIAL DRIVE**

City

**SHEJANDAH**

State

**TX**

Zip Code

**77395**

Purpose of Disbursement

**INTERNET**

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**500**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

**RESTORING HOPE COMMUNITY CHURCH**

**06 14 2016**

Mailing Address

**4650 N 62ND ST**

City

**INDIANA POLIS**

State

**IN**

Zip Code

**46269**

Purpose of Disbursement

**DONATION**

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**1000**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**1725**

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

A. REGIONS BANK

Date of Disbursement

06 30 2010

Mailing Address

8020 S EMERSON AVE

City

BEECH GROVE IN 46107

Purpose of Disbursement

FEES

Candidate Name

Category/  
 Type

Amount of Each Disbursement this Period

51.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
 Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
 Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

51.00

2010-07-25 PM 00:00:11



**SCHEDULE C (FEC Form 3X)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

BROWN, DONNA M

Mailing Address

5720 PORTAU PRINCE, APT 15

City INDIANAPOLIS

State IN

ZIP Code 46224

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

150.00

600.00

900.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

09/23/2013

09/23/2016

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

900.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2019-07-25 PM 00:00:12

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

BROWN, DONNA M

Election:

☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address

5700 PORT AU PRINCE, APT B

City INDIANAPOLIS

State IN

ZIP Code 46224

Original Amount of Loan

700000

Cumulative Payment To Date

117233

Balance Outstanding at Close of This Period

582767

**TERMS**

Date Incurred

06 20 2013

Date Due

12 31 2016

Interest Rate

% (apr)

Secured:

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

582767

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2013-07-25 PM 00:01:11M

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

**INDIANA REPUBLICAN ASSEMBLY SUPER PAC**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**GEORGE HERMS**

Election:

☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address

**259 SIoux CIRCLE**

City

**NOBLESVILLE**

State

**IN**

ZIP Code

**46062**

Original Amount of Loan

**800.00**

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**800.00**

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

**03/10/2013**

**12/31/2016**

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

**800.00**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2010-07-26 PM 00:00:114

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

MOORE, JENNIE

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

7011 LANTERN ROAD

City

INDIANAPOLIS

State

IN

ZIP Code

46250

Original Amount of Loan

11,000.00

Cumulative Payment To Date

12,020.00

Balance Outstanding at Close of This Period

9,798.00

**TERMS**

Date Incurred

11/15/2012

Date Due

12/31/2016

Interest Rate

% (apr)

Secured:

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

9798.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2010-07-25 PM 0000-1115

1 PURA SUPER PAC  
PO BOX 721  
RECENT GROVE, IN 46107

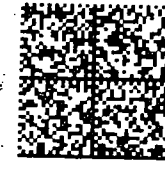
011110000 TWO JUN 16 0100N

INDIANAPOLIS

211 450  
20 JUL '16

RECEIVED PM 11  
FEC MAIL CENTER

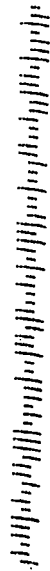
2016 JUL 25 AM 10:18



02 1P  
\$002.00  
PITNEY BOWES  
0000543957 JUL 15 2016  
MAILED FROM ZIP CODE 46038

FEDERAL ELECTION COMMISSION  
999 E STREET, NW  
WASHINGTON, DC 20463

20463-



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail <div style="margin-left: 100px;">Postmarked <i>7/20/2016</i></div>	Date of Receipt <i>7/25/2016</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): <div style="margin-left: 100px;">Next Business Day Delivery <input type="checkbox"/></div>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER <i>MP</i> (3/2015)	<i>7/25/2016</i> DATE PREPARED

2016-07-25 10:00 AM 000001217